



APPLICATION FORM  
**TRANSFER STATION RESIDENT PASS**

2014-2015 ESSEX, CONNECTICUT

To be completed by the applicant:

**RESIDENCE:** (P.O. Box **NOT** Acceptable.)

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LEASING COMPANY OR CORPORATE OWNER \_\_\_\_\_

1<sup>ST</sup> VEH. OWNER or LESSEE ---LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

2<sup>ND</sup> VEH. OWNER or LESSEE---LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS (No P.O. BOX) \_\_\_\_\_

VILLAGE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE:

HOME\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- CELL\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

**MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:**

STREET ADDRESS or PO Box \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

VEHICLE #1—VIN \_\_\_\_\_ LIC PLATE \_\_\_\_\_

VEHICLE #2---VIN \_\_\_\_\_ LIC PLATE \_\_\_\_\_

STICKER SERIAL # ISSUED

2014-

FEE PAID \$ \_\_\_\_\_

RESIDENT FEE: \$125/yr; SENIOR RESIDENT (65+): \$75/yr **CASH OR CHECK ONLY**

**THIS APPLICATION MUST BE ACCOMPANIED BY PHOTO ID AND A COPY OF YOUR CURRENT VEHICLE REGISTRATION. THOSE WITH OUT OF STATE DOCUMENTATION MUST PROVIDE PROOF OF PERIODICAL RESIDENCY IN ESSEX. THANK YOU.**

Rev. 090214

\*\*\*\*\***PLEASE NOTIFY TOWN OF ESSEX OF ANY CHANGE OF VEHICLE**\*\*\*\*\*